

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000004580

Entity Name: SOWERS4PASTORS, INC.**Current Principal Place of Business:**2609 SOUTH SANFORD AVE
SANFORD, FL 32773**Current Mailing Address:**2609 SOUTH SANFORD AVE
SANFORD, FL 32773 US**FEI Number:** 82-1025136**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOROWSKI, DAVID J SR.
2609 SOUTH SANFORD AVE
SANFORD, FL 32773 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DP
Name SOWERS, ALLEN L
Address 2609 SOUTH SANFORD AVE
City-State-Zip: SANFORD FL 32773

Title DT
Name WILLIAMS, JANIS B
Address 2609 SOUTH SANFORD AVE
City-State-Zip: SANFORD FL 32773

Title D
Name HALL, KIMBERLY M
Address 2609 SOUTH SANFORD AVE
City-State-Zip: SANFORD FL 32773

Title DIRECTOR
Name DREESSEN, JOHN
Address 2579 DANIELLE DR
City-State-Zip: OVIEDO FL 32765

Title DS
Name COFER, JAMES M
Address 2609 SOUTH SANFORD AVE
City-State-Zip: SANFORD FL 32773

Title D
Name SOWERS, RUSSELL L
Address 2609 SOUTH SANFORD AVE
City-State-Zip: SANFORD FL 32773

Title D
Name BOROWSKI, DAVID J
Address 2609 SOUTH SANFORD AVE
City-State-Zip: SANFORD FL 32773

Title DIRECTOR
Name WEBSTER, TIMOTHY
Address 4903 WIGVILLE RD.
City-State-Zip: THURMONT MD 21788

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALLEN L SOWERS**PRESIDENT****03/15/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date